

REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)

~~XXXXXXXXXX~~
~~XXXXXXXXXX~~

USN. 02

27 PM

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1600/2900

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 6,034,091, granted March 7, 2000, and for which a reissue patent is sought on the invention entitled Method for Treating Emotional or Mental Illness and Emotional or Mental Illness Concomitant with Seizures, the specification of which

☒ is attached hereto.

☐ was filed on _____ as reissue application number ____ / _____ and was amended on _____ (If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.

☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.

☒ by reason of other errors.

At least one error upon which reissue is based is described as follows:

The failure to include claims of proper scope to provoke an interference in the original patent application including a claim to a method of treating depression in a patient who is also being treated for alcoholism and a claim to a drug combination comprising naltrexone in an amount of 10-25mg/day and floxentine, in an amount of 10-40mg/day.

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Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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~~XXXXXXXXXX~~ JSN.02

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Name(s) Registration Number

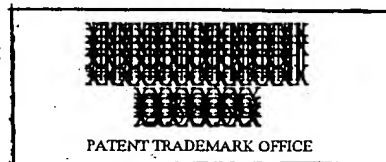
~~XXXXXXXXXXXXXXXXXXXX~~ ~~XXXXXXXXXX~~
 John S. Nagle 37,687

Correspondence Address: Direct all communications about the application to:

☐ Customer Number

OR

Type Customer Number here



| | | | | | | |
|---|---------------------------|-------|-----|--------------|-------|--|
| <input checked="" type="checkbox"/> Firm or Individual Name | Law Office of John Nagle | | | | | |
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of sole or first inventor (given name, family name)

Lee G. Dante

Inventor's signature

Lee G. Dante

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Full name of second joint inventor (given name, family name)

Inventor's signature

Date

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Full name of third joint inventor (given name, family name)

Inventor's signature

Date

Residence

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